

## VIRGINIA BOARD OF PHYSICAL THERAPY CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

### The Law

In 2001, the General Assembly of Virginia passed a law requiring regulations to ensure the continued competency of practitioners licensed by the Board of Physical Therapy. It directed the Board to include in its regulations continuing education, testing, and/or any other requirement which would address the following: a) the need to promote ethical practice, b) an appropriate standard of care, c) patient safety, d) application of new medical technology, e) appropriate communication with patients and f) knowledge of the changing health care system.

### Rationale for the Regulation

The Virginia Board of Physical Therapy recognizes that the professional responsibility of practitioners requires *continuous learning* throughout their careers, appropriate to the individual practitioner's needs. The Board also recognizes that practitioners are responsible for choosing their own continuing education and for evaluating their own learning achievement. *The regulation of the Board is designed to encourage and foster self-directed practitioner participation in education.*

**What is "Continuing Learning"?** - Continuing learning includes processes whereby practitioners engage in activities with the conscious intention of bringing about changes in attitudes, skills, or knowledge, for the purpose of identifying or solving ethical, professional, community or other problems which affect the health of the public.

### Content of the Regulation

#### **Number of Hours Required:**

In order to renew an active license **biennially**, the practitioner must complete the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM, which is provided by the Board and must indicate completion of at least **30 hours of continuing learning activities for physical therapists and physical therapist assistants.**

**At least 15 of the hours required for physical therapists and at least 10 of the hours required for physical therapist assistants** shall be **Type 1** continuing learning activities as documented by an approved organization to designate learning activities for credit or other value. All of the Type 1 hours must be earned in face-to-face settings, interactive courses or other interaction with peers. **All required hours may be Type 1.**

**No more than 15 of the hours required for physical therapists and no more than 20 of the hours required for physical therapist assistants** may be **Type 2** continuing learning activities which may or may not be approved for credit by an approved organization. Physical therapists and physical therapist assistants shall document their own participation in Type 2 learning activities.

#### **Maintenance and audit of records:**

The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM must be used for recording continuing learning activities. The practitioner is required to retain in his or her records the **completed form with all supporting documentation** for a **period of four years** following the renewal of an active license.

The Board will periodically conduct a **random audit** of a percentage of its active licensees to determine compliance. The practitioners selected for the audit must provide the completed CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and any supporting documentation within 30 days of receiving notification of the audit.

## Instructions for Completing The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

### PART A: ACTIVITY

**Learning Activity, Resources, Strategies & Experiences** - List resources, strategies & experiences that you used to develop or maintain the selected knowledge or skill listed in Part B; e.g., conferences, quality improvement teams, consultations, discussions with colleagues, preceptorship, teaching, reading peer reviewed journals and textbooks, and self instructional media.

**Date(s) of Activities** - List the date(s) that you were engaged in the learning activity.

### PART B: ASSESSMENT

**Knowledge or Skills Maintained or Developed** - Think about questions or problems encountered in your practice. Describe the knowledge or skills you addressed during the learning activity listed in Part A. Consider ethics, standards of care, patient safety, new medical technology, communication with patients, the changing health care system, and other topics influencing your practice.

#### # HOURS/TYPE

**Hours Actually Spent in Learning Activity:** List the hours actually spent in the learning activity to nearest ½ hour. Total hours should be at least 30 hours biennially for physical therapists and physical therapist assistants.

**Types of Activities:** List the type of activity from the categories described below:

**Type 1 continuing learning activities**      At least 15 hours for physical therapists and 10 hours for physical therapist assistants of the 30 hours required biennially

Must be offered by an approved organization that provides documentation of hours to the practitioner. **All of the Type 1 hours** must be earned in face-to-face or interactive courses.

**Type 2 continuing learning activities**      No more than 15 hours for physical therapists and 20 hours for physical therapist assistants of the 30 hours required biennially

May or may not be approved by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; physical therapist and physical therapist assistants shall document their own participation on the attached form.

### PART C: OUTCOME

**Outcome** - Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic. *(You may include personal notes regarding the outcome of participating in this activity, e.g., learning activities you plan for the future, questions you need to answer or barriers to change.)*

**CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM**

*Please **photocopy this original form** to record your learning activities.*

*The completed forms and all documentation must be maintained for a period of four years.*

PART A: ACTIVITY		PART B: ASSESSMENT	# OF HOURS/TYPE		PART C: OUTCOME
<b>Learning Activity, Resources, Strategies &amp; Experiences;</b> e.g. conferences, consultations, teaching, peer-reviewed journals, quality improvement teams, self- instructional material	<b>Date</b>	<b>Knowledge or Skills You Maintained or Developed.</b> What questions or problems encountered in your practice were addressed by this learning activity?	<b>Type 1</b>	<b>Type 2</b>	<b>Outcome:</b> Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic.
			Minimum of 15 hrs. for PT and 10 hrs. for PTA	No more than 15 hrs. for PT and 20 hrs. for PTA	

As required by law and regulation, I certify that I have completed the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and have participated in 30 hours of continuing learning activities as required for renewal of a physical therapy or a physical therapist assistant license in the Commonwealth of Virginia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date